

DISPOSITION OF VEHICLE

SR-101 NEW 8-2008

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLESINSURANCE COMPLIANCE UNIT
60 STATE STREET, WETHERSFIELD CT 06161
On The Web At <http://dmvct.org>

CASE NUMBER

The law in the State of Connecticut requires that all vehicles that are registered must maintain continuous insurance coverage. If you believe that your situation warrants further investigation and you have evidence to support that, please complete this form. On the form, all areas that apply to you must be completed, your signature must appear in the certification portion and any documents that you feel may be relevant to your case must be attached.

INSTRUCTIONS:

1. If the plates have been canceled attach a copy of the plate receipt.
2. If the vehicle has been sold or junked, attach a copy of the title showing the assignment to the new owner and the date it occurred. If a non-titled vehicle, a copy of the Q-1 form showing the transfer to the new owner and the date it occurred must be attached.
3. If repossessed, a copy of the paperwork from the lienholder or marshal that identifies the vehicle showing the date they took it into their possession.
4. If the vehicle was donated to a charity a copy of the title or Q-1 (as above) showing the transfer to the charity and the date the vehicle was given to them.
5. If you have any other information or documentation that you believe is relevant to your case, please attach copies to the form and return it to the Department of Motor Vehicles.

NAME OF APPLICANT		ADDRESS OF APPLICANT		
VEHICLE INFORMATION	MAKE	MODEL	YEAR	VEHICLE IDENTIFICATION NUMBER
	PLATE NUMBER ON VEHICLE		PLATES CANCELED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DATE CANCELED

I ceased to operate the vehicle on the road and removed the registration plates from this vehicle.

The vehicle has been:

- ☐ **SOLD** (Indicate date): _____ Name of Buyer: _____
- ☐ **JUNKED** (Indicate date): _____ Name of Junkyard: _____
- ☐ **REPOSSESSED** (Indicate date): _____ Name of Lender: _____
- ☐ **DONATED VEHICLE TO CHARITY** (Indicate date): _____
Name of Charity: _____

DATE INSURANCE CANCELED ON THIS VEHICLE	NAME OF INSURANCE COMPANY	POLICY NUMBER
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CERTIFICATION STATEMENT

The information provided to the Commissioner of Motor Vehicles herein is subscribed by me, the undersigned, under penalty of false statement, in accordance with the provision of Section 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement which I do not believe to be true, with the intent to mislead the Commissioner, I will be subject to prosecution under the above-cited laws.

SIGNATURE OF APPLICANT	DATE SIGNED
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DMV ONLY SECTION	RECEIVED BY	DOCUMENTS RECEIVED
	DATE RECEIVED	